

CLAIMS ONLY							Application Number <b>101644685</b>		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3											
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Total Claims	50											
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Total Indep	1											
Total Depend	21											
Total Claims	22											

+ 22  
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